

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029829

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7362

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Mo.

b. COUNTY

St. Louis.

admission)

c. CITY

OR

TOWN

St. John's

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

8673 Ardella

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Harriet

Mae

Cuddy

4. DATE

OF

DEATH

July

14

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

1/2/1880

83

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

St. Jacob, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William H. Faires

13b. MOTHER'S MAIDEN NAME

Millie J. Putman

14. NAME OF HUSBAND OR WIFE

Oren

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

Nil.

16. SOCIAL SECURITY NO.

Orval L. Cuddy, 8673 Ardella,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

St. Johns, Mo.

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Gastric ulcer

2 mon

DUE TO (c)

540.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Atherosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to Present and last saw her alive on 7/14/63

Death occurred at 11:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

100 N Euclid

22c. DATE SIGNED

7/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-17-63

23c. NAME OF CEMETERY OR CREMATORY

Highland City Cem.

23d. LOCATION (City, town, or county)

Highland, Illinois.

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.

JUL 16 1963

26. REGISTRAR'S SIGNATURE

Head Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elton R. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.